#### TOWN OF CHILMARK APPLICATION FOR SITE REVIEW

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Application #:

**Assessors Map:** Lot:

**Street Address:** 

Owner:

Owner's mailing address:

Applicant(s):

Applicant's address:

Applicant's phone number:

**Description of the proposed development:** 

### REPORT OF THE SITE REVIEW COMMITTEE

#### Date:

#### **Committee members present:**

Name	Present	Name	Present
Clarissa Allen, chair		Kristin Henriksen	
Riggs Parker		Katie Carroll	
Mike Renahan		Rusty Walton	

## Permits required:

Action	Υ	N
Building Permit	Υ	N
Board of Health	Υ	N
Conservation Commission	Y	N
Historical Commission	Y	N
Planning Board	Y	N
Zoning Board of Appeals	Υ	N

# Findings and recommendations:

This form distributed to Town Clerk, then Agent, Owner, Building Inspector, and any relevant boards (as noted above)